## **2006 NOT-FOR-PROFIT CORPORATION** . ANNUAL REPORT (AR)

## DOCUMENT # N96000006462

1. Entity Name

## THE TRAILS HOMEOWNERS & MAINTENANCE



04-27-2006 90174 017 \*\*\*\*61.25

Apr 27, 2006 8:00 am Secretary of State

**FILED** 

ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4400 NW 36TH AVENUE GAINESVILLE FL 32606			4400 NW 36TH AVENUE GAINESVILLE FL 32606								
2. Principal Place of Business			3. Mailing Address				SHIRT EIR ISTIN BIIIT BATTI I		#1515 #141# #151 <b>#</b> #6	PSS CI (BB)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	st MOORE	CR2E037	(10/05)		
City & State			City & State			4. FEI Num	59-34455	574	<del></del>	pplied For ot Applicable	
Zip Country		Zip	Zip Country		5. Certificat	te of Status Desire		\$8.75 Add	ditional		
	6. Name	and Address of Current	Registered Agent	istered Agent		7. Name ar	7. Name and Address of New Registered Agent				
					Name						
1414	NAGEME	NT SPECIALISTS									
MANAGEMENT SPECIALISTS 4400 NW 36TH AVE. GAINESVILLE FL 32606					Street Address (P.O. Box Number is Not Acceptable)						
GAI	INESVILL	E FL 32000									
					City	<del></del>	<del>.</del>	FL	Zip Cod	le	
			or the purpose of changing it	ts registere	ed office o	r registered agent, or b	ooth, in the State o	f Florida. I am	familiar with,	and accept	
the obligat	tions of regis	tered agent.								1	
SIGNATURE							·				
	Signature, lypec	d or printed name of registered agent	and little if applicable (NC	ITE: Hogistere	d Agent signa	lure required when reinstating)		DATE			
							3,00	- C+ 30 5 5			
	14.	/:: FEE IS \$61.25	9. Election Ca	. •	-	_ \$5.00 мау		Make Check	k Payable	to	
. <b>.</b>	Due By	y May 1, 2006	Trust Fund	Contributi	ion.	Added to Fee	s i Flo	orida Depar	tmant of (	Canan	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

J. ROLANDOSANCHEZ, L SIGNATURE: